

Case Number:	CM15-0101056		
Date Assigned:	06/03/2015	Date of Injury:	03/03/2004
Decision Date:	07/07/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 73-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 3, 2004. In a Utilization Review report dated May 2, 2015, the claims administrator denied a request for Percocet. The claims administrator referenced a RFA form received on April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said April 20, 2015 progress note, the applicant reported ongoing complaints of knee pain, back pain, and leg pain. The applicant's gait was significantly limited. The applicant exhibited a visibly antalgic gait. The applicant had difficulty transferring to and from the chair and the examination table, it was reported. The applicant's medications included Percocet, Tenormin, isosorbide dinitrate, Lasix, Protonix, Lipitor, vitamins, dietary supplements, Zetia, colchicine, Neurontin, and over-the-counter iron. The applicant's work status was not detailed. No discussion of medication efficacy transpired. On a March 17, 2015 progress note, the applicant again reported multifocal pain complaints of low back and bilateral knee pain. The applicant was again described as having difficulty standing and walking. The applicant was still smoking a pack of cigarettes a day, it was acknowledged. The attending provider stated that the applicant would likely be wheelchair bound without five times daily usage of Percocet. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Percocet 5mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone/acetaminophen; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on progress note of March 17, 2015 and/or April 20, 2015, suggesting that the applicant was not working, either as a result of chronic pain constraints or as a result of age (73). While the attending provider stated that the applicant's medications were beneficial, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to clearly report the applicant's work status, and the attending provider's failure to outline meaningful or material improvements in function (or if any) effected as a result of ongoing Percocet usage. The attending provider's commentary to the effect that the applicant would be bedridden and/or wheelchair bound without his medications did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Percocet usage. The attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as standing, walking, and transferring likewise do not make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request is not medically necessary.